

# San Bernardino County

### Land Use Services Department, Planning Division

San Bernardino County Government Center 385 N. Arrowhead Ave., San Bernardino, CA 92415-0187 15900 Smoke Tree Street; Hesperia, CA 92345 San Bernardino Office – (909) 387-8311 High Desert Office – (760) 995-8140 Fax (909) 387-3223 Fax (760) 995-8167

# CERTIFICATE OF COMPLIANCE DETERMINATION INFORMATION SHEET AND APPLICATION

A Certificate of Compliance Determination may be requested by any person owning real property to determine whether the parcel has been legally created. In some cases a Certificate of Subdivision Compliance may be required prior to consideration or in conjunction with the consideration of another land use application.

County Planning staff will determine whether the property/parcel is in compliance with provisions of the State Law and County Development Code related to land divisions. If it is determined that the property does not comply with these provisions, conditions of approval may be imposed.

For parcels determined to have been legally created, Planning staff will issue a Certificate of Compliance and take actions for it to be recorded with the County Recorder.

This is an administrative review process conducted by staff of the Planning Department.

Fee: Submit a money order or check made payable to "San Bernardino County" in the amount of \$1,217.00 (L632/L697 \*this includes a \$25 Job Closure fee, which is not applicable when application submitted electronically through the ePlans system.)

Planning Review Fee (L604)	\$1,192.00
Records Media Conversion for Job Closure Fee (L697)	25.00
TOTAL	\$1,217.00

**Application:** Submit one copy of the completed application to the Current Planning Division. Use the application that is on the back of the information sheet.

## Additional Materials to be submitted:

- 1. During the review of your application, the County Surveyor may require you to have a record of survey prepared in order to facilitate the preparation of new legal descriptions or to ensure the elimination of any encroachment.
- 2. One copy of any letters or documents you have received from the County related to this property.

# CERTIFICATE OF COMPLIANCE DETERMINATION APPLICATION

Complete all sections of this form. If you believe that an item does not apply to your project, mark it "N/A'. Do not leave any blank spaces.

# leave any blank spaces. Section 1 - APPLICATION INFORMATION Owner's Name: \_\_\_\_\_ FAX No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: Representative's Name: Address: \_\_\_\_\_ FAX No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Phone: Section 2 - REQUEST I wish to have a Certificate of Subdivision Compliance for the following property: APN: Parcel Size (Total acres or square feet): Legal Description: Township: \_\_\_\_\_ Range: \_\_\_\_ Section: \_\_\_\_ NW \[ \] NE \[ \] SW \[ \] SE \[ \] (Check one) Index Number (if known): General Location: Area and/or Sphere of Influence: General Plan Map Panel No.: Land Use District Designation: Section 3 - SIGNATURE I certify under penalty of perjury that I am the (check one) П Legal Owner (all individuals must sign as their names appear on the deed to the land), OR Owner's legal Agent, and that the foregoing is true and correct. (Please submit an authorization letter from legal owners). Date Signature

To be completed by County Staff: Filing Date: \_\_\_\_\_ Project No.: \_\_\_\_ JCS Project No.: \_\_\_\_

San Bernardino County

-2-

Certificate of Compliance Determination

## LAND USE APPLICATION QUESTIONNAIRE

Complete all sections of this application. Please refer to the checklist contained in the information packet for complete information on submittal requirements. The information furnished in this application will be used in evaluating your project pursuant to the California Environmental Quality Act (CEQA). If you believe an item does not apply to your project, mark it "N/A". Do not leave any blank spaces. If you have any questions about items requested on this form, please call the Application Intake Center at (909) 387-8311. Please use no more than four lines to answer any question. If more space is needed, use Attachment A on page 5 of this application questionnaire.

		T.T.P.M.#:	
[Take "type" from the to include the map number)]		tional Use Permit," "Tentative Tract," etc. (if a tenta	tive map is involved
All Assessor's Parce	Numbers (APNs):		
Section 1 - Applicant	Data		
Applicant Name:			
Ciana Managar			
		Zip:	
Phone:	FAX No.:	E-Mail:	
Section 2 – Property	Owner Data (If same as abo	ve check   )	
Proporty owner(s) of re	ocord:		
Addross:			
		<del>_</del>	
City:		ΛiD.	
	FAX No.:	Zip: E-Mail:	
	FAX No.:		
Phone:	FAX No.:tative Data (If same as above	E-Mail:	
Phone: Section 3 – Represen	FAX No.:  tative Data (If same as above	E-Mail:e check □)	
Phone:  Section 3 – Representative's Name	FAX No.:  Itative Data (If same as above:	e check □)	
Phone:  Section 3 – Representative's Name Firm Name:	FAX No.:  Itative Data (If same as above)	e check	
Phone:  Section 3 – Representative's Name: Firm Name: Address:	FAX No.:  Itative Data (If same as above)	e check	
Phone:  Section 3 – Represent Representative's Name: Firm Name: Address:	FAX No.:  Itative Data (If same as above)	e check	
Phone:  Section 3 – Represent Representative's Name Firm Name: Address: City: Phone:	FAX No.:  Itative Data (If same as above:  FAX No.:	e check	
Phone: Section 3 – Represent Representative's Name: Firm Name: Address: City: Phone: Section 4 – Architect	FAX No.:  Itative Data (If same as above)  E:  FAX No.:  Itative Data (If same as above)  FAX No.:	E-Mail: e check □)  Zip: E-Mail:  E-Mail:	
Phone:  Section 3 – Representative's Name Firm Name: Address: City: Phone:  Section 4 – Architect Representative's Name	FAX No.:  Itative Data (If same as above)  E:  FAX No.:  Ure/Engineering Representate:	E-Mail:  e check □)  Zip:  E-Mail:  tive Data (If same as above check □)	
Phone:  Section 3 – Representative's Name Firm Name: Address: City: Phone: Section 4 – Architect Representative's Name Firm Name:	FAX No.:  Itative Data (If same as above)  E:  FAX No.:  Ure/Engineering Representate:	E-Mail: e check □)  Zip: E-Mail:  E-Mail:	
Phone:  Section 3 – Representative's Name Representative's Name Firm Name: Address: City: Phone: Section 4 – Architect Representative's Name Firm Name: Address:	FAX No.:  Itative Data (If same as above)  E:  FAX No.:  Ure/Engineering Representate:	e check □)  Zip: E-Mail:  E-Mail:  Itive Data (If same as above check □)	
Phone:  Section 3 – Represent Representative's Name: Address: City: Phone: Section 4 – Architect: Representative's Name: Firm Name: Address: City:	FAX No.:  Itative Data (If same as above)  FAX No.:  FAX No.:  Ure/Engineering Representate:	E-Mail:  e check □)  Zip:  E-Mail:  tive Data (If same as above check □)	
Phone:  Section 3 – Represent Representative's Name: Address: City: Phone: Section 4 – Architect: Representative's Name: Firm Name: Address: City:	FAX No.:  Itative Data (If same as above)  E:  FAX No.:  Ure/Engineering Representate:	E-Mail:  e check □)  Zip:  E-Mail:  tive Data (If same as above check □)	
Phone:  Section 3 – Representative's Name Firm Name: Address: City: Phone: Section 4 – Architect Representative's Name Firm Name: Address: City:	FAX No.:  Itative Data (If same as above)  FAX No.:  FAX No.:  Ure/Engineering Representate:	E-Mail:  e check □)  Zip:  E-Mail:  tive Data (If same as above check □)	

Section 5 – Project Description and Location/Lega Briefly describe the project and use:	al Data	
Land Use District:		
Overlay Districts:		
Legal Description: Township:		Section:
USGS Quad Name:		
Location: Community:		·
Street name:		
Site Size (Gross acres or square footage):		Number of lots:
Site Address:		
Proposed Development Area:		
Size of Proposed Buildings:		
Previously approved land use applications for this site	: 	
Are you filing other land use applications for this site a	at this time? Yes	s □ No □
UTILITIES:		
Water:		
	(Name of Provider)	
Is the site presently served? Yes \( \square\) No \( \square\)		
If an extension is necessary, how long will it be?	-	
Are any existing or proposed wells within 200 feet from	n any existing or propos	sed liquid waste disposal system?
Yes ☐ No ☐	If yes, attach an exp	olanation
If this is a Tentative Map application, how many ser system?	vice connections have	already been made to the existing water
Sewage Disposal: Septic? Yes No Sewer:		
	(Name of Provider)	
Is the site presently served? Yes \( \scale \) No \( \scale \)		
If an extension is necessary, how long will it be?		
If septic system/leach lines are proposed or existing how the size of the sewage disposal area was determ		owing proposed or existing location and

Gas:	
	(Name of Provider)
Is the site presently served? Yes $\square$ No $\square$	
If an extension is necessary, how long will it be?	·
Electricity:	
Liectricity.	(Name of Provider)
Is the site presently served? Yes ☐ No ☐	
If an extension is necessary, how long will it be?	
Phone:	
	(Name of Provider)
Is the site presently served? Yes \( \Bar{\cup} \) No \( \Bar{\cup} \)	
If an extension is necessary, how long will it be?	·
Cable TV:	
	(Name of Provider)
Is the site presently served? Yes \( \scale \) No \( \scale \)	
If an extension is necessary, how long will it be?	·
Section 6 - Environmental Setting	
	information is necessary to evaluate the project under the California st provide additional information for any answers marked "yes" or this application.
When do you anticipate starting construction	ion?
2. Will grading be required? Yes \( \square\) No \( \square\)	
If so, how many cubic yards will be cut? _	How many cubic yards will be filled?
3. Is the project phased? Yes ☐ No ☐	
If yes, describe the phasing:	
4. If residential, indicate the number of units	or lots.
5. If commercial, provide information describing sales area and loading facilities.	g the type of commercial activity proposed, along with square footage of
If industrial, attach information indicating to	type of industrial activity proposed, square footage of building,
estimated employment per shift and loadir	ng facilities.
<ol><li>If institutional, attach information indica occupancy and loading facilities.</li></ol>	cating major function, estimated employment per shift estimated
San Bernardino County	-5- Certificate of Compliance Determination

	If yes, give truck type(s) and number of axles:  What is the gross weight of each vehicle:			
	what is the gross weight of each vehicle.			
	Will the project change scenic views or vistas from existing residential areas, public lands or roads?	YES	<u>NO</u>	UNCERTAIN
	Will there be a change in dust, ash, smoke, fumes or odors in the vicinity of the project?			
	Has the site been surveyed for historical, paleontological or archaeological resources?			
	Is the site on filled land or on slope of 10 percent or more?			
	Will there be the use or disposal of potentially hazardous materials, such as toxic substances, flammables, or explosives?			
	Will there be a change in lake, stream, or ground water quality or quantity, or alteration of existing drainage patterns?			
j.	Will there be any substantial change in existing noise or vibration levels in the vicinity?			
i.	Will there be a substantial change in demand for public services (police, fire, water, sewage, etc.)?			
	Has a traffic study been prepared for this site or has the site been included in another traffic study?			
	Will the project generate significant amounts of solid waste or liter?			
	Will the project change any existing features of hills or make substantial alteration of ground contours?			
١.	Will there be a substantially increase in fossil fuel consumption (electricity, oil, natural gas, etc.)?			
1.	Is there a relationship to a larger project or series of projects?			
	List any previous environmental documents or technical studies prepar	ed for this	site:	
3.	Describe the project site, as it exists before project impler topography, soil stability, plants and animals, and any cultural, attachment describe any existing structures on the site, and the	historica	l, or sc	enic aspects. O

24.	24. On an attachment, describe the surrounding properties, including information on plants and animals and any cultural, historical, or scenic aspects. Indicate the type of land use (residential, commercials, etc.), intensity of land use (single family dwelling(s), apartment houses, shops, department stores, etc.), and scale of development (height, frontage, set-back, rear yard, etc.). Attach photographs of the vicinity.				
San	Bernardino County	-7-	Certificate of Compliance Determination		

	Attachment A				
	(Please use this form to amplify any answer.	Be sure to identify wh	nich question is being amplified.)		
Sar	n Bernardino County	-8-	Certificate of Compliance Determination		

#### APPLICATION CERTIFICATE

#### ALL OWNERS OF RECORD MUST SIGN THIS CERTIFICATE: (Attach it to the application)

List Assessor's Parcel Number(s) of the project property:

List Assessor's Parcel Number(s) of all property contiguous to the project property, which is owned or beneficially controlled by the individual(s) signing this Certificate: If there are no contiguous properties under the same ownership, STATE "NONE"—do not leave blank.

The undersigned owner(s) or officer(s) in the organization owning the lands for which this application is made, states that he/she or the organization is aware that the application is being filed with the San Bernardino County Planning Division, and certifies under penalty of perjury that the County applications forms have not been altered and that the information contained in this application is <u>true</u> and <u>correct</u>. I (We) acknowledge that additional materials may be necessary to provide to the Planning Division once the preliminary review of the specifics of the project has been initiated.

I (We) further agree that if any information contained in this application proves to be false or incorrect, the County of San Bernardino and any special purpose or taxing district affected thereby are and shall be released from any liability incurred if a certificate of compliance is or has been issued on basis of this application. I understand that under such circumstances any such certificate shall be null and void and shall be returned to the County for cancellation.

If this is an actual cost application, the applicant agrees to pay all accumulated charges for this project. For any type of application, the applicant also agrees to defend, indemnify and hold harmless the County, its agents, officers and employees from any claim, action or proceeding attacking or seeking to set aside, void or annul the approval of all or part of the matters applied for, or any other claim, action or proceeding relating to or arising out of such approval. This requirement includes the obligation to reimburse the County, its agents, officers and employees for any court costs or attorney fees which the County, its agents, officers or employees are required by a court to pay as a result of such claim, action or proceeding. The County agrees to notify the applicant of any such claim, action or proceeding promptly after the County becomes aware of it. The County agrees to cooperate in the defense provided by the applicant. The County may, at its own expense, participate in the defense of the claim, action or proceeding, but such participation will not relieve the applicant of applicant's defense and indemnification obligations.

Any persons signing with Power of Attorney for others must print the names of those individuals in the signature block and attach a notarized copy of the Power of attorney.

(Print) (AF	PLICANT OR LEGAL AGENT)	Signature	Date
REGISTRA (IF R.C.E. C	TION NO. OR LICENSED LAND SURVEYOR)		
(Print)	(OWNER(S) OF RECORD)*	Signature	Date
(Print)	(OWNER(S) OF RECORD)*	Signature	Date
(Print)	(OWNER(S) OF RECORD)*	Signature	Date

\*If property is owned by corporation, partnership or other group signee should indicate corporate position or title and submit substantiating documentation (e.g. incorporation certificate).

San Bernardino County

Certificate of Compliance Determination

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San Bernardino County		-10-	Certificate	of	Compliance
Determine					